



Introduction

Information for *Tennessee Hospital Data* was obtained from summary tabulations of the **Joint Annual Report of Hospitals 2002** (JAR-H). Individual reports are completed each year by the licensed hospitals in Tennessee and returned to the Division of Health Statistics for compilation and review. While the compiled JAR-H for all licensed hospitals is quite detailed, data summarized for this report focuses on trends and changes in short-term, non-federal or general/specialty hospital utilization and finance.

September 2005

Beginning in 1996, Tennessee hospitals were required to file a separate survey report on each individual hospital, even if it was a satellite hospital. In previous reporting periods, hospital systems containing more than one hospital could submit a single report for the whole system. This change in reporting protocol was needed to provide more specific information regarding hospital resources.

The number of general/specialty hospitals steadily declined from 1993 to 1995. The 1996 change in separate reporting by satellite hospitals resulted in the appearance of an increase in the number of general/specialty hospitals from 124 in 1995. The 1996 and 1997 number of Tennessee general/specialty hospitals actually remained the same as the number in 1995, because the total of 133 for each year included satellite hospitals which did not previously submit reports. In 2002, the number of general/specialty hospitals decreased from the number for 2001. From 1993-2002, the number of mental health and federal hospitals remained fairly constant, while the number of other long-term hospitals increased from 7 to 19 during this period.

Number of Licensed Hospitals					
By Type, Tennessee, 1993-2002					
	General/Specialty	Mental Health	Federal	Other Long Term	Total
Year					
2002	129*	14	5	19	167
2001	130*	15	5	18	168
2000	128*	15	4	17	164
1999	130*	15	5	16	166
1998	130*	15	5	15	165
1997	133*	16	5	13	167
1996	133*	16	6	11	166
1995	124	16	6	11	157
1994	127	16	6	9	158
1993	130	16	6	7	159

*Number includes satellite hospitals.



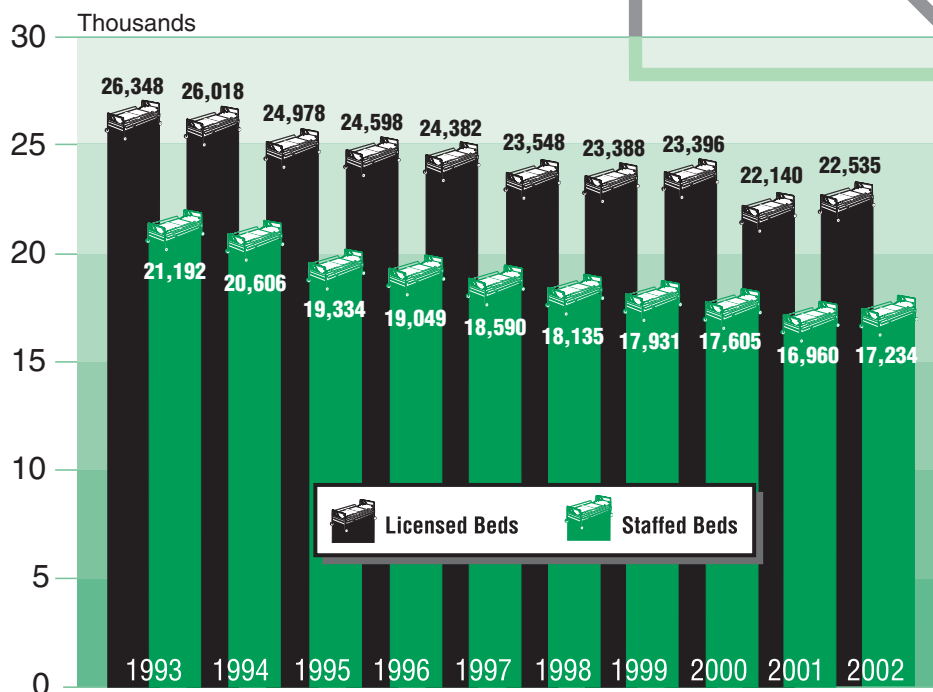
The number of both licensed and staffed beds for short-term, non-federal hospitals decreased from 1993 to 2002. In 1993, there were 26,348 licensed beds for short-term, non-federal hospitals, but this number dropped 14.5 percent to 22,535 in 2002. The number of staffed beds declined 18.7 percent from 21,192 in 1993 to 17,234 in 2002.

Definitions

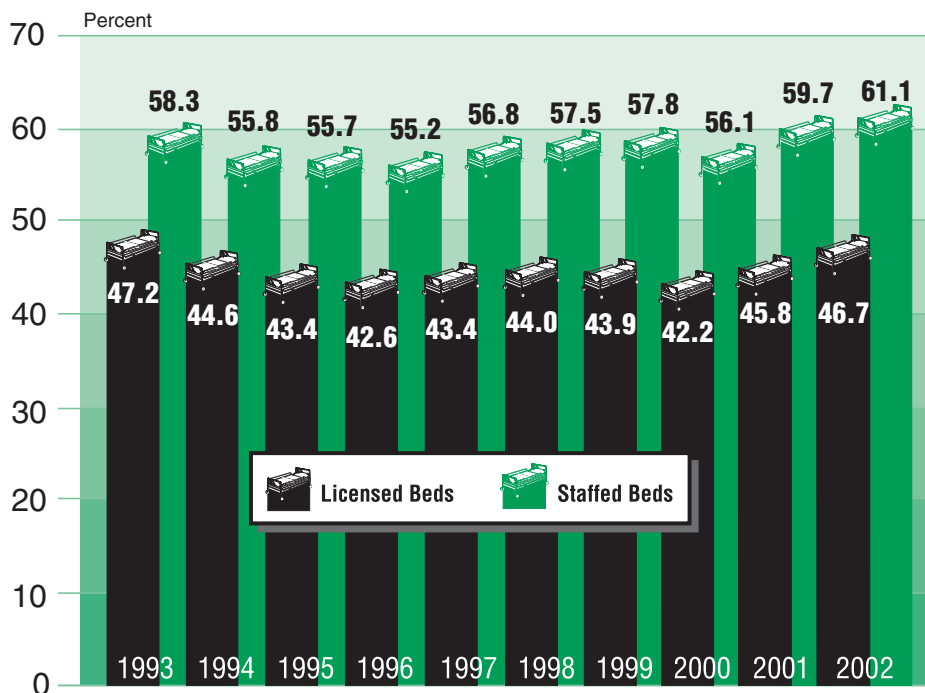
Licensed beds - The maximum number of beds authorized by the state licensing agency or regulated by a federal agency. This figure is broken down into adult and pediatric beds and licensed bassinets (neonatal intensive or intermediate care).

Staffed beds - The total number of adult and pediatric beds set up, staffed, and in use at the end of the reporting period. This number should be less than or equal to the number of licensed beds.

Number of Licensed and Staffed Beds Short-Term, Non-Federal Hospitals Tennessee, 1993-2002



Percent Occupancy for Licensed and Staffed Beds Short-Term, Non-Federal Hospitals Tennessee, 1993-2002



Percent occupancy for Tennessee short-term or general/specialty hospitals based on licensed beds in 2002 was 46.7 and based on staffed beds was 61.1. Occupancy rates declined from 1993 to 1996. Overall the rates increased from 1997 to 2002 with the exception of 2000 when the rates for both licensed and staffed occupancy decreased. Utilization of inpatient resources has dropped to a point where many licensed beds are not being staffed, and those that are staffed are being underused. In 2002, only 76.5 percent of licensed beds were being staffed, while in 1993, 80.4 percent of licensed beds were staffed.



Tennessee JAR-H data includes admissions, inpatient days, discharges, and discharge patient days. Admissions are the number of adult and pediatric patients (excluding newborns) admitted to the facility during the reporting period. Inpatient days are the number of adult and pediatric days of care rendered during the entire reporting period. Discharges are the number of adult and pediatric discharges (excluding newborns) plus all deaths. Discharge patient days are the total number of days of care rendered to patients discharged during the reporting period (including days of care rendered prior to the beginning of the reporting period). This figure excludes newborns, but includes neonates, patients in swing beds, and deaths. The number of admissions or discharges increased from 1993 to 2002, while inpatient/discharge days reported for Tennessee's general/specialty hospitals decreased for the same period.

The average daily census is the average number of patients in a facility on any day of the reporting calendar year. The average length of stay is the average number of days of service rendered to each inpatient before discharge from a facility during a given period (usually a calendar year). The average daily census for general/specialty hospitals declined from 1993 to 2002. The average length of stay also shows a declining trend from 1993 to 2002.

Financial data for the period 1993-2002 shows that the total operating cost for general/specialty hospitals increased from \$5,819,326,284 to \$8,921,974,169. The cost per adjusted patient day increased from \$965.31 to \$1,406.00, and total net revenue increased from \$6,029,618,779 to \$9,270,867,820 over the 10-year period.

Number of Admissions or Discharges and Inpatient/Discharge Days

Tennessee Short-Term, Non-Federal Hospitals 1993-2002		
	Admissions or Discharges	Inpatient/Discharge Days
Year		
2002	773,598	3,841,963
2001	744,197	3,685,157
2000	723,439	3,610,873
1999	737,998	3,737,736
1998	731,622	3,754,897
1997	743,033	3,855,565
1996	743,840	3,858,025
1995	745,925	3,962,756
1994	733,958	4,214,597
1993	743,147	4,504,973

Average Daily Census and Average Length of Stay

Tennessee Short-Term, Non-Federal Hospitals 1993-2002		
	Average Daily Census	Average Length of Stay
Year		
2002	10,526	5.0
2001	10,096	5.0
2000	9,893	5.0
1999	10,240	5.1
1998	10,287	5.1
1997	10,563	5.2
1996	10,570	5.2
1995	10,857	5.3
1994	11,547	5.7
1993	12,342	6.1

Selected Financial Data

Tennessee Short-Term, Non-Federal Hospitals 1993-2002			
	Total Operating Cost	Cost Per Adjusted Patient Day	Total Net Revenue
Year			
2002	\$8,921,974,169	\$1,406.00	\$9,270,867,820
2001	\$8,068,084,635	\$1,258.00	\$8,318,176,351
2000	\$7,570,803,740	\$1,190.00	\$7,870,161,877
1999	\$7,157,691,018	\$1,210.44	\$7,303,644,793
1998	\$6,834,065,402	\$1,171.00	\$6,956,876,228
1997	\$6,555,087,158	\$1,120.00	\$6,991,067,220
1996	\$6,237,863,929	\$1,095.91	\$6,545,922,079
1995	\$5,983,685,899	\$1,060.59	\$6,334,913,216
1994	\$5,870,059,616	\$1,006.33	\$6,102,158,632
1993	\$5,819,326,284	\$ 965.31	\$6,029,618,779

Operating cost - The monetary expense related to running a facility.

Adjusted patient day - An adjustment of inpatient days to allow production of a measure of gross revenue as a ratio to patient care. Gross patient revenue includes inpatient revenue as well as outpatient and newborn revenue. In order for patient day information to be realistically related to gross revenue, inpatient days are adjusted by applying the ratio of gross revenue to inpatient revenue to the reported inpatient days. This is calculated by multiplying inpatient days by gross patient revenue divided by inpatient revenue.

Net patient revenue - Total gross patient charges minus adjustments to charges.



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Hospitals continue to derive a greater portion of their income from outpatient sources. The percentage of total revenue from inpatient sources decreased 22.3 percent from 1990 to 2002 while the percentage of outpatient sources increased 90.3 percent. Of the hospitals reporting in 1990, 79.3 percent of net patient revenue came from inpatient sources and 20.7 percent came from outpatient sources. In 1996, these percentages had shifted to 67.4 percent inpatient and 32.6 percent outpatient sources, and in 1999, to 63.3 percent inpatient and 36.8 percent outpatient. For 2002, these percentages further shifted to 61.6 percent and 39.4 percent respectively. It should be noted that in 2002, net patient revenue from governmental sources constituted 52.1 percent of total net patient revenue compared to 51.6 percent in 1999, and 53.4 percent in 1996. Equivalent calculations for 1990 data indicate that the percent of net patient revenue from government sources was 46.7. Thus net patient revenue from government sources appears to have increased to the point where it is now the major source of revenue for hospitals in Tennessee.

In general, it appears that recent emphasis on controlling Tennessee hospital inpatient utilization through managed care programs seems to be having a noticeable and measurable effect on Tennessee hospital statistical data. Hospital utilization indicators have shown a substantial decrease for the most recent time period. This is in spite of the fact that hospital

costs have still been increasing over this same time period. Utilization and revenue have accordingly been shifting from inpatient to outpatient sources.

More detailed data on Tennessee hospital statistics and on individual hospitals may be obtained from the Tennessee Department of Health, Division of Health Statistics or by visiting our web site at the address below.

Please visit the Tennessee Department of Health Web site tennessee.gov/health

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